

SOUTH DAKOTA ASSOCIATION FCCLA AUTHORIZATION FORM

Required of all FCCLA advisers and members attending District/State FCCLA sponsored activities.

A. CONTESTANT AUTHORIZATION/PARTICIPANT AUTHORIZATION

I hereby certify that I am an active FCCLA member for the year in which I am participating in the SD FCCLA STAR Event and/or District/State Meeting, and that my adviser/instructor has provided me with verbal and written instructions regarding personal conduct, rules and procedures for my event, and I have read and understand the information.

DATE _____
SIGNATURE OF CONTEST APPLICANT

B. FCCLA ADVISER AUTHORIZATION

I hereby certify that the FCCLA member listed on this application has been authorized to represent our chapter as a participant, has received both written and verbal instructions concerning personal rules of conduct at District/State sponsored activities and has received instructions on the rules and procedures pertinent to the competitive area.

DATE _____
SIGNATURE OF ADVISER

C. PARENT, GUARDIAN AUTHORIZATION

_____ has our permission to participate in the STAR Events at the District/State Meeting held at _____ on _____.

I understand that every effort will be made to supervise the student. However, I will not hold the South Dakota Association of FCCLA or the _____ Public School or any supervisory staff responsible should an incident occur.

DATE _____
SIGNATURE OF PARENT/GUARDIAN

D. ADMINISTRATOR AUTHORIZATION

I have been informed of the FCCLA STAR Events, District/State Meeting and I support the participation of our FCCLA chapter in these activities.

DATE _____
SIGNATURE OF ADMINISTRATOR